## PART B - FEE(S) TRANSMITTAL

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57600	7590 12/23	V2010	hav	e its own certificate o	of mailing or transmission.	
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Salt Lake City, UT 84110				(Decositor's resmo)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/685,912 10/15/2003			William Fiehler RE DEVICE WITH AUTOMATIC TAMPING		47563.0011	6302
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	NO	\$1510	\$300	\$0 1	\$1810	03/23/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	ļ		
RYCKMAN, M		3773	606-213000			
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list  CFR 1.363).  (1) the same of united address of page 1. HOLLAND & HA						AND & HART
Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ((1) the names of the patent attorneys or agents OR, alternatively, ((2) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the names of the patent attorneys or agents OR, alternatively, ((3) the patent attorneys) or agents OR, alte						
				single firm (having as a member a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
St. Jude Medical Puerto Rico LLC Caguas, Puerto Rico						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
☐ Issue Fee ☐ A check is enclose				ed.		
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